



**Iowa Nurse Assistance Program (INAP)
Self-Report Form**

Iowa Nurse Assistance Program
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685

Phone: 515-725-4008
Fax: 515-725-4017
Email: INAP@iowa.gov

Name		Date of report	
License Number		Licenses held in other state	
Home Phone		Work Phone	Cell Phone
Home Address			
Work Address			
Home Email			
Work Email			

Does INAP have your permission to contact you at the above provided addresses? _____

If no, please specify _____

Are you currently employed as a nurse? _____

If yes, please provide employer contact information _____

Have you been evaluated by a professional for this condition? If yes, where and when?

Have you received treatment for this condition?

Please list the name and address of treatment provider

Please provide treatment dates

Please describe in detail the reasons for this self-report or events that led up to your report.
Use a separate sheet if necessary and send any supporting documents.

Please list the chronological order of events:

Not everyone with a mental or physical condition or substance use disorder is an appropriate candidate for entry into INAP. You may be **ineligible** for the program if you answer yes to any of the following:

- Did you divert drugs to third parties for profit?
- Did you adulterate/misbrand or tamper with drugs intended for patients?
- Did you provide inaccurate, misleading, or fraudulent information or fail to fully cooperate with INAP?
- Did you participate in the program or similar program offered by other states without success?

If you answered yes to any of the above items, please explain:

All information submitted to the Iowa Nurse Assistance Program regarding individual licensees is confidential.

Do you give INAP permission to inquire about the facts provided in this self- report? _____

I certify that all the information that I have provided is true and correct to the best of my knowledge.

Signature

Date

PLEASE RETURN TO:

Iowa Nurse Assistance Program

400 SW 8th Street, Suite

Des Moines, IA 50309-4685